



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

UGANDA

The U.S. Government's approach to the HIV/AIDS epidemic in Uganda is to build on the success of the national program, which helped usher in declines in HIV incidence and prevalence in the early 1990s.

The estimated national prevalence is 4.8 percent (5.5 percent female; 4.5 percent male), with higher prevalence in the 15–24 years age group. HIV transmission appears to occur primarily in discordant couples, mobile and displaced populations, youth, and refugees. A significant factor contributing to the HIV epidemic in Uganda is the war and the conflict present in a few key districts that provide a setting conducive to increased HIV transmission and challenge penetration of control efforts. As a direct result of the conflict, there are an estimated 1.3 million internally displaced persons.

HIV/AIDS Epidemic in Uganda	
HIV Prevalence in Pregnant Women (2003)	6.2 %
Estimated Number of HIV-Infected People	1 million
Estimated Number of Individuals on Antiretroviral Therapy	10,000–15,000
Estimated Number of AIDS Orphans	2 million

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Uganda. Under the Emergency Plan, Uganda will receive \$80.6 million in 2004 to support a comprehensive treatment, prevention, and care program.

Treatment

The U.S. Government program will expand the number of Ugandans receiving antiretroviral therapy by extending these services to rural areas and referring HIV-positive women identified at sites offering

mother-to-child HIV transmission prevention services to nearby clinics offering antiretroviral therapy. The U.S. Government has initiated the Home-Based Care Project, the first large-scale rural antiretroviral therapy project in Tororo, and is helping develop cost scenarios that are critical to expanding services to rural populations. The U.S. Government will help build laboratory capacity, including making enhancements to and ensuring commodities at the Uganda Virus Research Institute, which will allow it to serve as a reference laboratory, and extending services at other laboratories, including three regional ones.



Map of Uganda: PCL Map Collection, University of Texas

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Prevention

Prevention efforts supported with U.S. Government funds will focus largely on strengthening services for prevention of mother-to-child HIV transmission, including supporting national leadership, and behavioral change communication to market the services and create public demand, and increasing the number of district- and lower-level sites offering such services. These services will be one major referral points for antiretroviral care. U.S. Government efforts will also support the “ABC” approach to prevention education, along with safe injection practices, treatment for sexually transmitted infections, posttest clubs, and condom provision. Much of Uganda’s success in reducing the rate of new HIV infections has been attributed to the “ABC” model of delaying sexual debut, reducing the number of sexual partners, and using condoms. The U.S. Government program will emphasize youth and couples in building on a number of highly visible behavioral change communication initiatives, including the recent Presidential Initiative on AIDS Strategy for Communication to Youth and youth communications work with Straight Talk. Treatment for sexually transmitted infections will continue to be a core component of the U.S. Government program, which will support training, expand services, increase referrals from voluntary counseling and testing sites, and employ an innovative treatment kit, the *Clear 7*, for those at heightened risk for sexually transmitted infections. The U.S. Government program’s work with people living with HIV/AIDS will further support prevention, address stigma, and promote access to care.

Care

The primary provider of HIV/AIDS care in Uganda, The AIDS Support Organization (TASO), reached 30,000 HIV-positive individuals in 2003. The U.S. Government will help raise that number by increasing direct support to TASO and by supporting nongovernmental and faith-based organizations, and other providers to use an innovative care strategy that has been shown in pilot testing to reduce HIV/AIDS-related illness and death. The strategy includes using co-trimoxazole, psychosocial counseling, elements for safe water and malaria prevention, and nutritional counseling and practices. The U.S. Government will also support increased access and training volunteers for home-based palliative care, and will increase the quantity, quality, and accessibility of voluntary testing and counseling—including services in teaching hospitals and a pilot home-based testing and counseling service—to identify and link HIV-positive individuals with care and treatment as needed.

Other

U.S. Government efforts will also support the implementation of a national HIV seroprevalence survey and help fill the gaps in national and community advocacy, sensitization, and mobilization while the survey is being implemented. The program will continue to provide technical assistance to the Uganda AIDS Commission for finalizing national- and district-level indicators and disseminating the National Strategic Framework and indicators. The U.S. Government will support the agencies to develop an overall framework for collecting data and ensuring their quality and consistency, as well as for continuing and expanding targeted evaluations with global significance. Crosscutting activities will focus on strengthening and supporting one functioning multisectoral body for national leadership and coordination, development of policies and systems to address stigma and discrimination, strengthening human resource policies and training systems for HIV/AIDS programs, and support for implementation of Global Fund programs; and on building capacity of Ugandan systems and institutions for leadership and implementation, with regard to technical and management skills.

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